

Testimony of NAMI Connecticut
To the Program Review and Investigations Committee
Regarding the Study on the Department of Children and Families Services to
Prepare Youth Aging Out of State Care

October 3, 2013

Good afternoon, Senator Kissel, Representative Mushinsky and distinguished members of the Program Review and Investigations (PRI) Committee. My name is Sara Frankel and I am the Public Policy Director for Children, Youth and Young Adults with NAMI Connecticut.

NAMI Connecticut is the state affiliate of the National Alliance on Mental Illness (NAMI), the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness.

NAMI Connecticut appreciates the PRI Committee's commitment to assess the Department of Children and Families (DCF) Services to prepare youth aging out of state care, including the analysis of the services that prepare youth for the transition into adult systems of care, particularly to the Department of Mental Health and Addiction Services (DMHAS). Most youth transitioning from DCF to DMHAS have long histories of abuse and neglect, trauma, complex mental health needs and multiple placements. And yet, youth transferred to DMHAS with successful transition plans are more likely to make positive adjustments, require fewer services and be stable and productive members of their communities.

Despite the existence of interagency agreements, young people in the DCF system with mental health needs are falling through the cracks as they age out of DCF care: (1) many youth are not referred to DMHAS services in a timely manner, (2) of the young adults who are referred to DMHAS, there is a risk that they will drop out of services due to lack of *early* planning and appropriate placements, (3) there are many DCF-involved youth with identified mental health needs that are not eligible for DMHAS's Young Adult Services program and (4) a proportion of youth will not present symptoms of serious mental illness until their late teens or early twenties and thus may be missed by DCF as needing mental health services during the transition stage.¹

Without connection, availability and awareness of meaningful mental health services and supports, this population is at greater risk of becoming homeless and unemployed, abusing drugs or attempting or contemplating suicide. Youth in transition need individualized services

¹ 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24. See National Institute of Mental Health: Mental Illness Exacts Heavy Toll, Beginning in Youth (2005)

that assist them in employment, housing and education. Services and supports need to be developmentally appropriate in order to build on the strengths of youth in transition.²

Please consider the needs of this unique population as you continue to study the DCF services that prepare youth aging out of state care.³

Thank you for your time.

² Bazelon Center for Mental Health Law: Facts on Transitional Services for Youth with Mental Illnesses (2004)

³ For more resources, see

Pioneering Transition Programs: The Establishment of Programs that Span the Ages Served by Child and Adult Mental Health. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Davis, M. (2007);

Promise for the Future How Federal Programs Can Improve Career Outcomes for Youth & Young Adults with Serious Mental Health Conditions, Recommended State Policy Changes p. 27-33. Bazelon Center for Mental Health Law (2013).

Health Transitions Initiative, Substance Abuse and Mental Health Services Administration (SAMHSA)

http://files.www.cmhnetwork.org/share-your-voice/save-the-healthy-transitions-initiative/HTI_2013.pdf